

# Disability Self ID Guide

This step guide should be used to complete the Disability Self ID Form in the Oracle HR & Finance System. These steps should be used to provide and/or update your disability status as needed throughout your career at UAB.

1. Go to the [myUAB portal](#) and select Oracle HR & Finance. (If it is not in your myApps section, select Manage Apps and add it to your myApps.)

The screenshot shows the myUAB portal interface. At the top left is the UAB logo and the text "THE UNIVERSITY OF ALABAMA AT BIRMINGHAM". Below the logo is the "myUAB" header. A search bar is located in the top right corner. The main content area is divided into several sections. On the left, there is a "Need Help?" section with a "Start Tour of myHome" button. Below that is the "myApps" section, which contains a grid of application icons. The "Oracle HR & Finance" icon is highlighted with a red box. Other icons include Campus UKG Kronos, eLAS, Zoom, Box.com, UAB Perform, UAB Forms, Campus Email, Employee Directory, UAB For Me, LMS, OnBase, WAM, UAB PeopleAdmin, SharePoint, Taleo Recruiting, OneDrive, AskIT, and JobArchitect. A "Manage Apps" button is located at the bottom of the myApps grid. The main content area features a quote from Phoebe Hoang, a Pre-PA student, and a photo of her. The quote reads: "What really attracted me to the Pre-PA track was a work-life balance because I have aspirations outside of medicine, such as owning my own business one day." Below the quote is the text "#HumansOfUAB" and "@exploreuab". The bottom section includes news items about UAB's 2023 top-ranked graduate school and a poverty simulation program.



HUMAN RESOURCES

The University of Alabama at Birmingham

2. Login with your BlazerID and password.

**UAB** THE UNIVERSITY OF ALABAMA AT BIRMINGHAM.

**UAB Oracle Access Management**

Enter your BlazerID and password:

BlazerID

Password

**Log In**

Notice: By accessing the Oracle system you are agreeing to comply with all aspects of the Oracle Access Agreement as disclosed on the [UAB Oracle Access website](#). That agreement includes, but is not limited to, agreement to: not disclose your password to anyone; keep information confidential except as necessary for conduct of official UAB business; and update data only as officially authorized.

**Having trouble logging in?**  
Visit [BlazerID Central](#) for help or to reset your password.  
Contact AskIt at 205-996-5555 if you have any problems using this system or your BlazerID.

**Security Notice**  
When finished accessing services that require authentication, quit your web browser. Be wary of any program or webpage that asks for your BlazerID and password. Legitimate UAB webpages prompting for your BlazerID and password should have addresses that begin with https: (not http:) and contain "uab.edu". Also, your browser should visually indicate that you are accessing a secure page, usually with a padlock icon near the url field.  
This system is available only for authorized purposes by authorized users. Use for any other purpose may result in disciplinary action or criminal prosecution against the user.

3. Click the Menu button  in the left corner of the Oracle Home Page screen and select **UAB Self Service Applications** from the dropdown options.

Search

E-Business Suite

114503000 HRM Records Administration

Application Developer

UAB AP End User

UAB Effort Report User

UAB FIN Document Entry/Approval

UAB Functional Workflow Administrator

UAB HR Records Manager

UAB OnBase FNI Campus Access

UAB OnBase HR Admin Access

UAB Report Viewer

UAB Report Viewer - Administrator

UAB Responsibility Manager

**UAB Self Service Applications**

UAB Surformer Custom Reports

UAB TEL Campus Kronos-Incnair

US Super HRMS Manager

**Announcement**

Welcome to Oracle E-Business Suite!

Learn more about the new look and feel, and read a series of FAQs here or watch video here. (Right click the link and open in new tab/window)

State Online Tax Form is now part of the Federal Tax Form and is available under self service responsibility as Online Tax Form. It is also available as an icon on the home page.

Training Information  
(Right click the link and open in new tab/window)

HR Training  
Finance Training

ACT (UAB Custom Form...)

Personal Worklist (UAB Workflow)

ACT (UAB Functional Wo...)

Employees and Ann... (UAB HR Records ...)

Payroll (UAB Self Service A...)

Employee Inquiry F... (UAB Self Service A...)

Employee View (UAB Self Service A...)

Employee ID (UAB Self Service A...)

Manage Direct Dep... (UAB Self Service A...)

Personal Information (UAB Self Service A...)

UAB Central HRIS - (pre-2014)

Document Locator (UAB Workflow)

Submit Processes (Planning Reports)

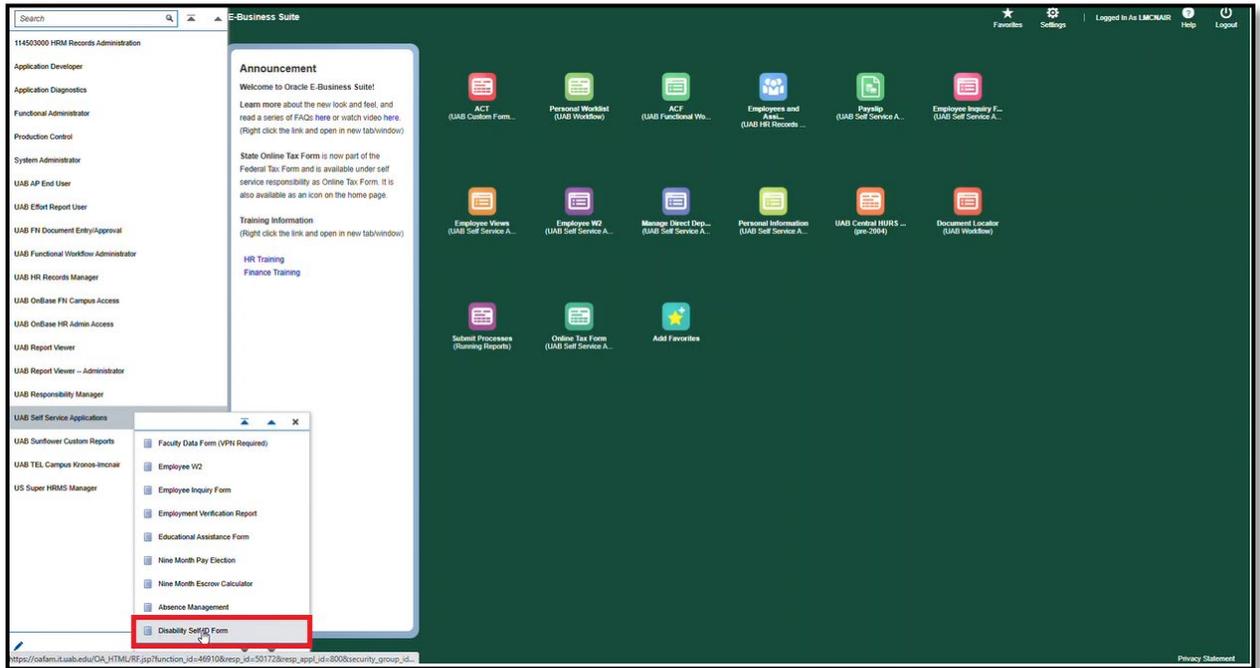
Online Tax Form (UAB Self Service A...)

Add Favorites

https://admin01.uab.edu/OA\_HTML/OA.jsp?OAFu...&OAHOMEPAGE#

Privacy Statement

#### 4. Select **Disability Self ID Form** from the dropdown options



#### 5. Click the option that best describes the self-ID update you would like to make.

Employee Name: [Redacted] Organization Email Address: workflow@uab.edu Employee Number: [Redacted] Business Group: [Redacted]

Form CC-305 Page 1 of 1 OMB Control Number 1250-0005 Expires 05/31/2023

Name: [Redacted] Date: 2023/04/25

Employee ID: [Redacted]

**Why are you being asked to complete this form?**

We are a federal contractor or subcontractor required by law to provide equal employment opportunity to qualified people with disabilities. We are also required to measure our progress toward having at least 7% of our workforce be individuals with disabilities. To do this, we must ask applicants and employees if they have a disability or have ever had a disability. Because a person may become disabled at any time, we ask all of our employees to update their information at least every five years.

Identifying yourself as an individual with a disability is voluntary, and we hope that you will choose to do so. Your answer will be maintained confidentially and not be seen by selecting officials or anyone else involved in making personnel decisions. Completing the form will not negatively impact you in any way, regardless of whether you have self-identified in the past. For more information about this form or the equal employment obligations of federal contractors under Section 503 of the Rehabilitation Act, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at [www.dol.gov/ofcccp](http://www.dol.gov/ofcccp)

**How do you know if you have a disability?**

You are considered to have a disability if you have a physical or mental impairment or medical condition that substantially limits a major life activity, or if you have a history or record of such an impairment or medical condition. Disabilities include, but are not limited to:

- Autism
- Autoimmune disorder, for example, lupus, fibromyalgia, rheumatoid arthritis, or HIV/AIDS
- Blind or low vision
- Cancer
- Cardiovascular or heart disease
- Celiac disease
- Cerebral palsy
- Deaf or hard of hearing
- Depression or anxiety
- Diabetes
- Epilepsy
- Gastrointestinal disorders, for example, Crohn's Disease, or irritable bowel syndrome
- Intellectual disability
- Missing limbs or partially missing limbs
- Nervous system condition for example, migraine headaches, Parkinson's disease, or Multiple sclerosis (MS)
- Psychiatric condition, for example, bipolar disorder, schizophrenia, PTSD, or major depression

**Please check one of the boxes below:**

Yes, I Have A Disability, Or Have A History/Record Of Having A Disability  
 No, I Don't Have A Disability, Or A History/Record Of Having A Disability  
 I Don't Wish To Answer

Last Submitted Date: [Redacted]

**PUBRIC BURDEN STATEMENT:** According to the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. This survey should take about 5 minutes to complete.

6. Click the **Submit** button in the upper right corner.

US Person Disability Form

Employee Name  
Organization Email Address: workflow@uab.edu

Employee Number  
Business Group

Cancel Submit

### Voluntary Self-Identification of Disability

Form CC-305  
Page 1 of 1

OMB Control Number 1250-0005  
Expires 05/31/2023

Name:  
Date: 2023/04/25

Employee ID:

**Why are you being asked to complete this form?**

We are a federal contractor or subcontractor required by law to provide equal employment opportunity to qualified people with disabilities. We are also required to measure our progress toward having at least 7% of our workforce be individuals with disabilities. To do this, we must ask applicants and employees if they have a disability or have ever had a disability. Because a person may become disabled at any time, we ask all of our employees to update their information at least every five years.

Identifying yourself as an individual with a disability is voluntary, and we hope that you will choose to do so. Your answer will be maintained confidentially and not be seen by selecting officials or anyone else involved in making personnel decisions. Completing the form will not negatively impact you in any way, regardless of whether you have self-identified in the past. For more information about this form or the equal employment obligations of federal contractors under Section 503 of the Rehabilitation Act, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at [www.dfd.gov/dfccp](http://www.dfd.gov/dfccp).

**How do you know if you have a disability?**

You are considered to have a disability if you have a physical or mental impairment or medical condition that substantially limits a major life activity, or if you have a history or record of such an impairment or medical condition. Disabilities include, but are not limited to:

- Autism
- Autoimmune disorder, for example, lupus, fibromyalgia, rheumatoid arthritis, or HIV/AIDS
- Blind or low vision
- Cancer
- Cardiovascular or heart disease
- Celiac disease
- Cerebral palsy
- Deaf or hard of hearing
- Depression or anxiety
- Diabetes
- Epilepsy
- Gastrointestinal disorders, for example, Crohn's Disease, or irritable bowel syndrome
- Intellectual disability
- Missing limbs or partially missing limbs
- Nervous system condition for example, migraine headaches, Parkinson's disease, or Multiple sclerosis (MS)
- Psychiatric condition, for example, bipolar disorder, schizophrenia, PTSD, or major depression

**Please check one of the boxes below:**

Yes, I Have A Disability, Or Have A History/Record Of Having A Disability

No, I Don't Have A Disability, Or A History/Record Of Having A Disability

I Don't Wish To Answer

Last Submitted Date: 2023/04/25

**PUBLIC BURDEN STATEMENT** According to the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. This survey should take about 5 minutes to complete.

7. You will receive a confirmation message as shown in the screenshot below. Click **Ok** to return to the Oracle Home Page.

